

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002676

1. Corporation Name

MIGUEL DEJUK, P.A.

2. Principal Office Address - No P.O. Box #

800 ZEAGLER DRIVE

Suite, Apt. #, etc

SUITE 210

City & State

PALATKA, FL

Zip

32177

Country

USA

3. Mailing Office Address

800 ZEAGLER DRIVE

Suite, Apt. #, etc.

SUITE 210

City & State

PALATKA, FL

Zip

32177

Country

USA

500176538955

04/20/10--01020--024 \*\*308.75

REINSTATEMENT 05-10

4. Date Incorporated or Qualified To Do Business in Florida

12/29/1995

5. FEI Number

59-3302291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIGUEL DEJUK

Street Address (P.O. Box Number is Not Acceptable)

800 ZEAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 210

City

PALATKA

State

FL

Zip Code

32177

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 04/13/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MIGUEL DEJUK	800 ZEAGLER DRIVE, SUITE 210	PALATKA, FL 32177

10. E-mail Address: CANNONTEBBY@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/2010

Daytime Phone #

586)328-8668